

## Three cases of labour, of ninety-six hours' duration:

No. of Cases.	First Stage.	Second Stage.	Results to	
			Mother.	Child.
In 1 case	95 hours	1 hour	Favourable	Favourable.
1	93	3	Do.	Do.
1	90	6	Do.	Do.

This table appears quite conclusive of a fact which Dr. Churchill is desirous of establishing, viz: that the length of the period after the evacuation of the liquor amnii, bears no proportion to the time which elapsed previously, for out of 21 cases of labour, varying in duration from 36 to 96 hours, in only 4 did the second stage amount to more than four hours, whilst in 11 it was concluded in one hour; neither did the duration of the second stage increase in proportion to the prolongation of the whole labour, for of the 3 cases of 96 hours each, in only one did the second stage exceed three hours.

These series of facts so far as they extend, are in direct opposition to the opinions maintained by Prof. Hamilton; for a prolonged first stage neither rendered "the powers of the uterus inadequate to expel the infant with safety to its life or to the future well-being of the patient," nor disposed the "uterus to contract irregularly, so as to occasion retention of the placenta," nor too feebly "to prevent fatal hemorrhage;" nor, lastly, did it give rise to "febrile or inflammatory affections of a most dangerous nature."\* For, *first*, all the children were expelled alive, and continued to live, except two; one of which was premature (six months), and the other presented with the funis, and whose deaths were consequently not attributable to the protraction of the labour. *Secondly*, neither flooding, retention of placenta, fever, nor inflammation, happened in any case; on the contrary, every one of the cases recovered as well as after an ordinary labour of twelve hours' duration.

"The causes of the delay in these cases," says Dr. C., "were generally such as are enumerated in midwifery works, and with especial clearness by Dr. Hamilton—premature evacuation of the "waters," rigidity of the soft parts, depression of the anterior lip of the os uteri, &c., &c., and the treatment usually recommended was employed successfully."

41. *Statistics of Labour.*—We extract also from the interesting report of Dr. CHURCHILL the following statistics:

Number of females delivered under the care of the Western Lying-in Hospital and Dispensary, Dublin, 638; intern 215, extern 413, abortions 32, leaving 605 cases of labour.

616 children born—340 males, 276 females, 11 cases of twins, 49 still-born or died soon after birth, 31 males, 18 females; of these

- 6 were premature.
- 4 " breech presentations.
- 5 " footling.
- 2 " funis.
- 3 " arm.
- 4 " crotchet cases.
- 1 footling case with prolapsed funis.
- 1 syphilitic.

Ages of 534 women:—

- 47 under 20 years.
- 168 between 20 and 25 years.
- 188 " 25 " 30 "

\* See Hamilton's Practical Observations, Part I.

67 between 30 and 35 years.

59 " 35 " 40 "

5 " 40 " 50 "

Duration of labour in 513 cases:—

Under 6 hours in 133.

About 12 " 164.

24 " 151.

36 " 33.

48 " 13.

60 " 8.

96 " 10.

120 " 1.

Interval between commencement of labour and rupture of membranes in 473 cases:—

Under 2 hours in 104 cases.

About 6 " 109 "

10 " 85 "

14 " 74 "

18 " 31 "

22 " 14 "

26 " 18 "

30 " 4 "

35 " 13 "

40 " 6 "

50 " 6 "

60 " 5 "

80 " 3 "

108 " 1 "

Interval between rupture of membranes and birth of child in 473 cases.

Under 1 hour in 259 cases.

About 2 " 67 "

4 " 61 "

6 " 28 "

8 " 13 "

10 " 10 "

15 " 16 "

20 " 4 "

25 " 9 "

30 " 2 "

35 " 3 "

40 " 1 "

50 " 1 "

Interval between birth of child and expulsion of placenta:—

5 minutes in 145 cases.

10 " 106 "

15 " 102 "

20 " 54 "

25 " 4 "

30 " 38 "

35 " 8 "

40 " 10 "

45 " 2 "

50 " 3 "

60 " 14 "

From 1 to 2 hours 18 cases.

2 to 3 " 5 "

3 to 4 " 2 "

5 hours 4 "

6 " 1 "

7 " 1 "

Presentation in 582 cases:—

In 545 it was natural.

5 the band descended with the head.

14 the foot presented, 5 were lost.

11 the breech, 4 were lost.

4 the arm, 3 were lost.

2 the funis, 2 were lost.

1 the placenta.

Six cases of *turning* (1 in 100). One child and all the mothers saved.

One *forceps* case (1 in 605). Mother and child recovered.

Four *crutchet* cases (1 in 151). All the women recovered.

Seven cases of *hemorrhage*.

Four women died (1 in 151).

42. *On the Position of the Placenta in the Womb.*—In our Number for May, 1839. (p. 242,) we gave an analysis of an ingenious paper by Mr. Carmichael, in which the author maintains that in natural pregnancies, the placenta is always placed low down on the posterior wall, and that its being implanted in any other situation must *ex necessitate* during the growth of the uterus, or at least during its contractions to expel the fœtus, cause a premature detachment and consequent hemorrhage. These propositions are controverted by Dr. RICHARD DONNERY in an interesting paper in the Number of the *Dublin Journal of Med. Science* for July last.

Dr. D. quotes several cases which seem to entirely overthrow Mr. Carmichael's theory. The most striking of these are the following:

"I. The first case I shall bring forward is one to which I was called on the 5th of June, 1838, in my capacity of Physician to St. Thomas's Dispensary. I was informed the woman was dying in consequence of loss of blood after delivery. On my arrival, I found her pulseless, her features sunken, extremities cold, uterus large and hard. Having given her stimulants, and in vain tried by the usual means to cause the womb to expel the placenta, I prepared to extract, and introducing my hand separated it with little difficulty from the *lower part of the anterior wall*. Its surface extensively presented that gritty degeneration, so frequently seen in such cases. On inquiry into the history of this patient, I was informed by the midwife and other attendants, that her labour had been short and favourable, and no unnatural loss took place, until about half an hour after the birth of the child, which was alive and healthy.

"Here then is a case in which strong uterine contraction existed for four hours, without detaching the placenta, although it did not adhere to the posterior wall; but, as soon as the uterus had rested after the fatigue of labour, and established the peculiar action by which it throws off the after-birth, it succeeded in, at least partially, separating it, and hemorrhage ensued. Why, I would ask, were the strong expulsive efforts unable to effect as much, (particularly as so little assistance was required to peel it from the uterus,) although this placenta was situated where, it is asserted, uterine action principally, nay almost exclusively, resides? I may add, that as soon as the after-birth was detached, the uterus acted naturally, and expelled both it and the hand together, yet I did not perceive any such partial or rotary contraction as is described.

"II. Bridget Nicholson, ætat. 26, a plethoric countrywoman of rigid fibre, was admitted into the Lying-in Hospital, Rutland-square, on the 8th of December, 1838, in labour of her second child. The pelvis was rather undersized